



Evaluating Coverage Needs for PTSD among Youth of Color in the District

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Methodology

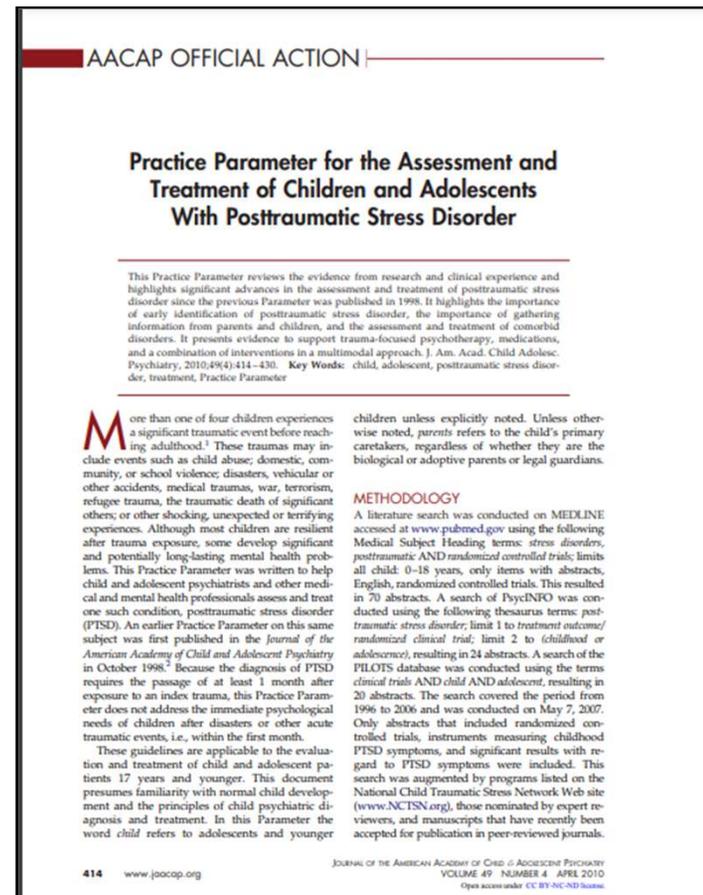
- Analysis of Publicly Available Data
- Review of Clinical Guidelines
- Analysis of Electronic Medical Record (EMR) Data
- Qualitative Interviews with Behavioral and Medical Health Providers

Analysis of Publicly Available Data

- Across the United States, approximately 3.6% of adults and 5.0% of 13-18 year olds have PTSD
- 38.8% of children and teens in the District of Columbia have experienced one or more adverse childhood experiences (ACEs), compared to 39.8% of youth nationally
 - Highest percentage of one or more ACEs among Black non-Hispanic and Hispanic youth
- 13.5% of youth in the District of Columbia report living in an unsafe neighborhood, which is correlated with higher levels of community violence and trauma
- LGBTQ+ and other sexual and gender minority populations—which intersect with populations of color—similarly experience a greater risk of experiencing a wide variety of traumas, such as discrimination, harassment, and abuse due to sexual orientation and/or gender identity
- PTSD among LGBTQ+ and/or youth of color is likely to be overlooked due to normalization of trauma in their lives and/or communities
- More data are necessary to document the experiences of young people of color and LGBTQ+ people with PTSD

Review of Clinical Guidelines

- Reviewed publicly available clinical guidelines for treatment of child and adolescent PTSD
- The most effective treatment modalities include trauma-focused cognitive behavioral therapy (TF-CBT), child-parent psychotherapy, and eye movement desensitization and reprocessing (EMDR)
- Available clinical guidelines for PTSD minimally address the role of race, ethnicity, sexual orientation, and gender identity in the diagnostic and treatment process
- For example, the AACAP guidelines on PTSD reference female gender as a risk factor for PTSD; however, race, ethnicity, sexual orientation, and gender identity are not mentioned
- **This gap reflects a larger trend within mental and behavioral health research**



Analysis of Electronic Medical Record (EMR) Data

- Extracted data from the Whitman-Walker Health EMR of patients who have had a visit since 2015 with the ICD-10 code **F43.10 (post-traumatic stress disorder, unspecified)**
 - Excluded codes F43.11 and F43.12 because they are only used for patients over 18
- Data included diagnosis codes, age, race, ethnicity, gender, sexual orientation, laboratory tests, and prescribed medications
- These data were used to create treatment scenarios for presentation to medical and behavioral health providers

Codes	
▶ F43	Reaction to severe stress, and adjustment disorders
▶ F43.0	Acute stress reaction
▶ F43.1	Post-traumatic stress disorder (PTSD)
▶ F43.10	Post-traumatic stress disorder, unspecified
▶ F43.11	Post-traumatic stress disorder, acute
▶ F43.12	Post-traumatic stress disorder, chronic

EMR Data: Medications

<i>Most common medications for follow-up primary care visits</i>
Antihistamines (Hydroxyzine HCl) SSRIs (Escitalopram Oxalate, Lexapro, Sertraline) Beta blockers (Propranolol HCl)
<i>Most common medications for new mental health visits</i>
Antihistamines (Hydroxyzine HCl) SSRIs (Escitalopram Oxalate, Lexapro, Sertraline) Antihypertensives (Prazosin)
<i>Most common medication for follow-up mental health visits</i>
SSRIs (Escitalopram Oxalate, Lexapro, Sertraline) Antihistamines (Hydroxyzine HCl) Antihypertensives (Prazosin)

EMR Data: Unique Visit Types

Service Type	Visit Type	Specialty	Description	Modality	Average (median) [range] # of visits/year
Primary Care	New	Internal Medicine/Infectious Disease/Family Medicine/Gynecology	New medical visit	In-person	1 (1) [1]
			Medical follow-up	In-person	3 (2) [1-9]
	Follow-Up	Internal Medicine/Infectious Disease/Family Medicine/Gynecology	Medical phone/audio only visit	Phone/audio	1 (1) [1-2]
			Medical Televisit	Video	3 (2) [1-6]
Mental Health	New	Behavioral Health/Psychiatry	New patient, screening/assessment	In-person	2 (1) [1-6]
			New patient, screening/assessment, audio/phone only	Phone/audio	2 (2) [2]
			New patient, screening/assessment, Televisit	Video	3 (2) [1-6]
	Follow-Up	Behavioral Health/Psychiatry	Individual	In-person	9 (6) [1-33]
			Individual phone/audio only	Phone/audio	27 (22) [1-66]
			Individual Televisit	Video	19 (12) [3-68]
			Group Televisit	Video	8 (8) [1-14]

Qualitative Interviews with Behavioral Health and Medical Providers

- Conducted qualitative interviews with 5 Whitman-Walker Health behavioral and medical health providers to understand their experiences in caring for young patients with PTSD
- Providers often do check if patients are insured but are mostly unaware as to the specific costs of mental health care to their patients
- There are disparities in the diagnostic process for PTSD, as guidelines often center white heterosexual male experiences and diagnosis may require a patient understanding of trauma
- Particularly within communities of color and for LGBTQIA+ people who may regularly witness or experience violence, trauma can be normalized in a manner that hinders access to care; trauma may also stem from the medical system
- Providers often require several appointments to be able to diagnose PTSD, though symptoms of comorbidities such as depression and anxiety may be evident earlier on
 - Most patients are presenting with complex PTSD, a form of PTSD caused by recurring trauma, that requires weekly therapy for a longer period
- Most frequently, providers recommend psychotherapy and, as necessary, medication for management of symptoms
 - For therapy, cost-sharing in the form of co-pays for visits is prohibitive
 - For medications, cost-sharing is a barrier, particularly for some patients of color who may have adverse side effects to common medicines and may need to try more options
- Young patients prefer options for therapy modalities, including telehealth/audiohealth and individual and group/family therapy

Care Scenario for PTSD

Medications

- SSRIs
- Propranolol
- Hydroxyzine HCl
- Prazosin

Care Scenario for PTSD

Up to 3 New/Assessment Visits at Zero Cost Sharing

Visit Type	CPT Code	Service Type	Specialty	Description	Modality
New	99202, 99203, 99204, 99205	Primary Care	Internal Medicine/Infectious Disease/Family Medicine/Gynecology	New medical visit	In-person
New	90791, 90792, 96127, 90834, 90837, 90847	Mental Health	Behavioral Health/Psychiatry	New patient, screening/assessment	In-person
New	90791, 90792, 90832	Mental Health	Behavioral Health/Psychiatry	New patient, screening/assessment	Phone/audio
New	90791, 90792, 90834, 99214	Mental Health	Behavioral Health/Psychiatry	New patient, screening/assessment	Video

Care Scenario for PTSD

Minimum of 4 (Quarterly) Evaluation and Management Visits at Zero Cost Sharing

Visit Type	CPT Codes	Service Type	Specialty	Description	Modality
Follow-up	90832, 90834, 90837, 90833, 90836, 90838, 99211, 99212, 99213, 99214, 99215, 99354, 99355	Mental Health	Behavioral Health/Psychiatry	Medication management	In-person
Follow-up	99211, 99212, 99213, 99214, 99215	Primary Care	Internal Medicine/Infectious Disease/Family Medicine/Gynecology	Medication management	In-person
Follow-up	99211, 99212, 99213, 99214, 99215, 99441, 99442, 99443	Primary Care	Internal Medicine/Infectious Disease/Family Medicine/Gynecology	Medication management	Phone/audio
Follow-up	99211, 99212, 99213, 99214, 99215	Primary Care	Internal Medicine/Infectious Disease/Family Medicine/Gynecology	Medication management	Video
New or Follow-up	90839, 90840	Mental Health	Behavioral Health/Psychiatry	Psychotherapy crisis	In-person

Care Scenario for PTSD

Minimum of 20 Follow-up Visits at Zero Cost Sharing

Visit Type	CPT Code	Service Type	Specialty	Description	Modality
Follow-up	90471, 90656, 90686, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 11981, 99484	Primary Care	Internal Medicine/Infectious Disease/Family Medicine/Gynecology	Medical follow-up	In-person
Follow-up	99213, 99214	Primary Care	Internal Medicine/Infectious Disease/Family Medicine/Gynecology	Medical follow-up	Phone/audio
Follow-up	99202, 99204, 99213, 99214	Primary Care	Internal Medicine/Infectious Disease/Family Medicine/Gynecology	Medical follow-up	Video
Follow-up	90791, 90834, 90835, 90837, 90846, 90847, 90853, 99213, 99492, 99493, 99494	Mental Health	Behavioral Health/Psychiatry	Individual therapy	In-person
Follow-up	90832, 90834, 90836, 90837, 90846, 99214	Mental Health	Behavioral Health/Psychiatry	Individual therapy	Phone/audio
Follow-up	90791, 90792, 90832, 90834, 90853, 99214, 99215	Mental Health	Behavioral Health/Psychiatry	Individual therapy	Video
Follow-up	90846, 90847, 90853	Mental Health	Behavioral Health/Psychiatry	Family/Group therapy	Video



Questions?

Thank you.



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